

Title V Operating Permit
SEMI-ANNUAL MONITORING REPORT
(Due each September 30 and March 31)

Part 1M - Facility Information and Certification

*This form, or the equivalent information, is required with **all** Semi-Annual Monitoring Report submittals.*

Facility Name: _____

Facility Location (street address and city): _____

Permit Issuance Date: _____

Operating Permit Number: _____

Facility File Number: _____

Reporting Period Start Date: _____ End Date: _____

	Responsible Official	Permit Contact Person
Name		
Title		
Mailing Address		
Phone Number		

Is the above information **different** from what is indicated on your most recent Title V Report (i.e. last Semi-Annual report, Compliance Certification, Emissions Inventory, etc)? **Yes** ☐ **No** ☐
[If "Yes," please contact the DNR Air Quality Bureau at 515-242-5100 or your Linn or Polk County local program office. You may need to submit additional forms to update your Title V Permit]

Please mail a signed copy of this report to **each** of these offices: **DNR Air Quality Bureau** ☐; and **DNR Field Office** (or **local air program** office) ☐.

Please **check** the appropriate box above to indicate the **addressee** for each copy submitted. You can find the office addresses in the **DNR Instructions** and at the end of your Title V Permit.

CERTIFICATION OF TRUTH, ACCURACY AND COMPLETENESS [As required by 567 IAC 22.107(4)]. The **Responsible Official**, as defined under 567 IAC 22.100, must sign each copy of this report]

"I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS DOCUMENT ARE TRUE, ACCURATE, AND COMPLETE."

Signature of Responsible Official

Title of Responsible Official

Print Name of Responsible Official

Date Signed

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Part 2M - Deviation Verification

*This form, or the equivalent information, is required with **all** Semi-Annual Monitoring Report submittals.*

Facility Name: _____ **Operating Permit Number:** _____

Reporting Period - Start Date: _____ **End Date:** _____

Question	Response (Yes or No)
Did your facility have <u>any</u> monitoring deviations from the Title V Permit requirements* during this reporting period?	No <input type="checkbox"/> Complete Part 1M and 2M <u>only</u> . Yes <input type="checkbox"/> Complete Parts 1M, 2M, 3M, and/or 4M See DNR Instructions, and Parts 3M and 4M, for details on reporting deviations.

***Required monitoring may include:** Recordkeeping requirements, source (stack) testing, continuous emissions monitoring systems (CEMS), continuous opacity monitoring systems (COMS), observations for no visible emissions, Method 9 visual emissions (opacity) observations, and operation and maintenance (O&M) plans. See **DNR Instructions** for details on possible deviations from required monitoring

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Part 3M – Monitoring Deviation Report

*This form, or the equivalent information, is required **only** if monitoring deviations occurred during the reporting period.*

Facility Name: _____ **Operating Permit Number:** _____

Reporting Period Start Date: _____ End Date: _____

You may be able to use Part 4M to report some or all of your monitoring deviations. Please see DNR Instructions, and Part 4M, for details.

(1) EP# (if appl.)	(2) EU# (if appl.)	(3) Pollutant (if appl.)	(4) Monitoring Method	(5) Monitoring Deviation Description	(6) Deviation Date	(7) Deviation Duration	(8) Suspected Cause of Deviation	(9) Corrective Action Taken

Attach additional pages, as needed. [If more than one page is submitted, indicate **Page** ____ **of** ____]

***Monitoring Method Abbreviations:** Recordkeeping Requirements (RR), Source Testing (ST), Continuous Emissions Monitoring (CEMS), Continuous Opacity Monitoring (COMS), No Visible Emissions (NVE), Method 9 Opacity Observations (OP), and Operation & Maintenance Plans (OMP).

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Part 4M – Additional Monitoring Reports Summary

*This form is **optional**. Use this form to reference **other** monitoring deviation reports submitted for this reporting period.*

Facility Name: _____ Operating Permit Number: _____

Reporting Period Start Date: _____ End Date: _____

If you use this form to note monitoring deviations, please complete the table below to summarize other reports submitted to the DNR Air Quality Bureau (or the Linn or Polk county air program office, if applicable) for this reporting period.

NOTE: The other reports referenced below should include, at a minimum, the information required in **Part 3M** for each monitoring deviation. If these reports do **not** contain this information, you must use **Part 3M** to report the deviation(s).

Emission Unit Description	Emission Unit #	Reporting Requirement*	Date Report Submitted

Attach additional pages, if needed. [If more than one page is submitted, indicate **Page** ____ **of** ____]

*Other **monitoring deviation** reports submitted to AQB may include, but are not limited to, the following:

- ♦ CEMS and/or COMS reports;
- ♦ NSPS, NESHAP and/or MACT reports;
- ♦ PSD reporting requirements; or
- ♦ DNR Construction Permit reporting requirements